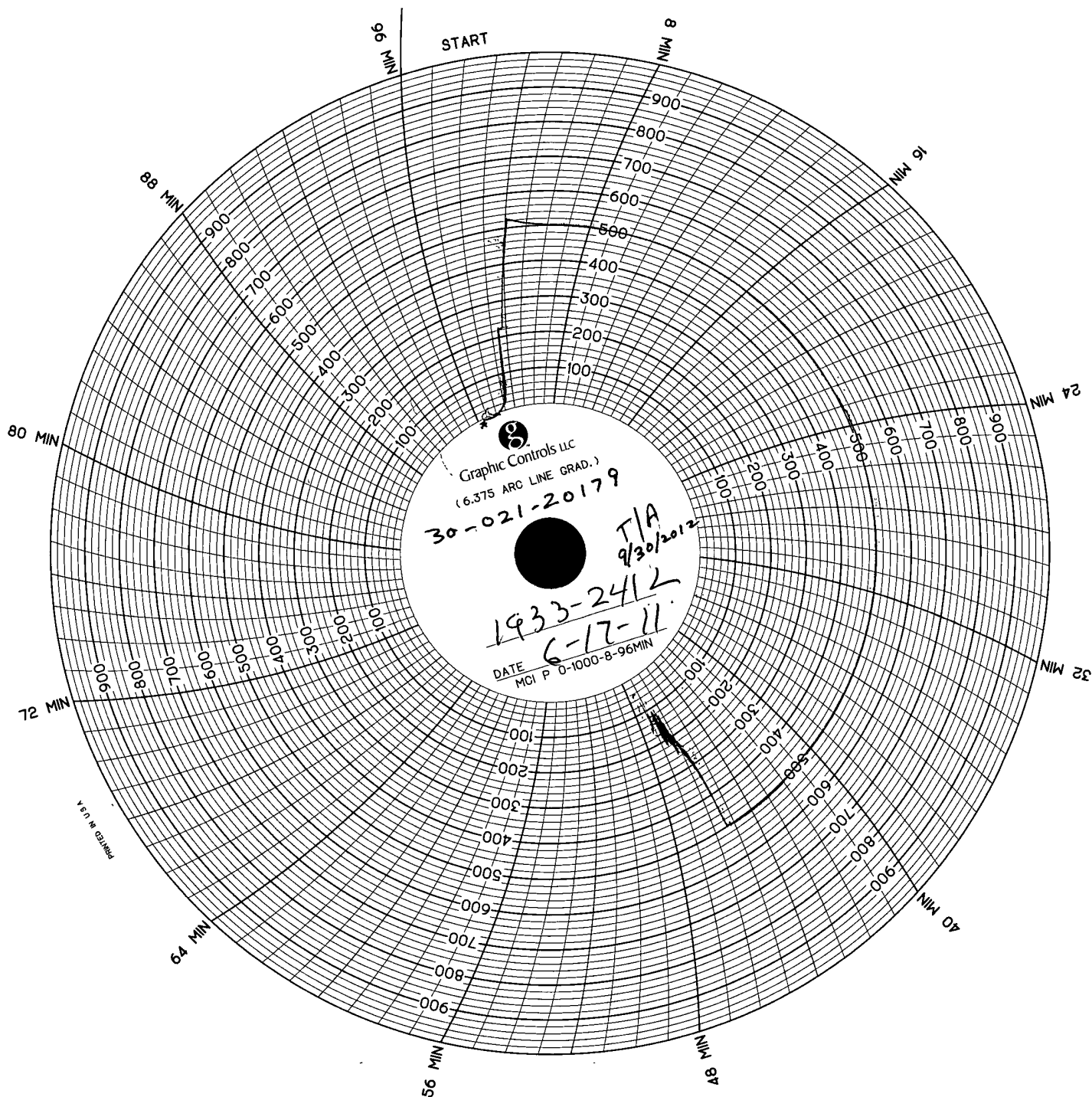




Company BD OXY
Lease: BD Well No: _____
Date of Test: _____
Packer: make _____ model _____ depth _____
Tubing Pressure: 0 min _____ 15 min _____ 30 min _____
Casing Pressure: 0 min _____ 15 min _____ 30 min _____
Surf. Csg. Pressure: 0 min _____ 15 min _____ 30 min _____
_____ lb spring _____ hr chart _____ hr clock
Service Company: _____
Driver / Supervisor: _____
Company Representatives: Joe H. H.
RRC Required: Y N Witnessed by RRC: Y N

Print instructions

